ase type a plus sign (+) inside the	his box $\longrightarrow oxdot$	Patent and Tracement	Office: U.S. DE	ugh 8/30/00. ON	COMMERCE *
a valid OMB control number	Attorney Docket		HERR		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Inventor Jordi BASAGANAS MILLAN			
		COMPLETE IF KNOWN			
		Application Numl	on Number 10 / 070,769		
Declaration Submitted OR Submitted With Initial Filling (37.0	,	Filing Date	March 6, 2002		
	Declaration Submitted after Initial Filling (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit			
		Examiner Name			
I believe I am the original, fit names are listed below) of the specification of which is attached hereto OR was fited on (MM/DD Application Number [1] I hereby state that I have revamended by any smendment.	March 6. 7/070,769 and was also and understand the contraction of the contraction which is marked to above access information which is marked to access the contraction of the contrac	ne name is listed below) imed and for which a pair ticides and the Like of the Invention) 2002 as United amended on (MM/DD/Material to patentability as control designated at leasting the box, any force periore that of the applications and the applications of the applications of the applications and the applications of the a	or an original, firent is sought on If States Application If States Application If States Application If States Application If or country is If or application for application on which print If on on which print If one on	inc invention en	CT International (if applicable). Itams, as int or inventor's inited States of stor's certificate,
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	py Attached?
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Additional foreign applicat	tion numbers are listed on a s	upplemental priority data	shoet PTO/SB/	228 attached no	reto:
I hereby claim the benefit u	nder 35 U.S.C. 119(e) of any	United States provisional	application(a) (la	sted below.	
Application Number(s) Filing Date		(MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.		
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[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 0.4 hours to complete. Timn will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Please type a plus sign (+) inside this box -> +	Approved for use through 9/30/00. OMB 0651-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE			
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a valid OMB control number. **DECLARATION** — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insolar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT International filing date of this application. Parent Patent Number U.S. Parent Application or PCT Parent Parent Filing Date (if applicable) (MM/DD/YYYY) Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Customer Number Place Customer Number Bar Code OR Labelhers Registered practitioner(s) name/registration number listed below Registration Registration Number Name Number 42,400. Samson Helf2ott Linda S. Chan 30,659 Michael Markowitz Aaron B. Karas Brian S. Myers 46.947 Thomas L. Bean Harris A. Wolin 39,432 29,734 Emma Shleifer Shahan Islam 32,507 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached herete Direct all correspondence to: Customer Number OR Correspondence address below or Bar Code Label Katten Muchin Zavis Rosenman Name 575 Madison Avenue Address 15th Floor Address NY New York State ZIP City (212) 940-8800 (212) 940-8986 Fax Telephone Country I horeby declare that all statements made herein of my own knowledge are true and that all statements made on information and bolicf are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Sumame BASAGANAS MILLAN <u>Jordi</u> inventor's 21-06-2002 Signature Spain Barcelona Country **Residence: City** Argenters, 2-4-8 Edif. 3C/P, C/B Parc Tecnologic del Valles, Post Office Address Cerdanyola del Valles Post Office Address E-08290 Spain Barcelona

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Additional inventors are being named on the

supplemental Additional Inventor(s) shect(s) PTO/SB/02A attached hereto